



APPLICATION FOR SEWER CONNECTION | DISCONNECTION, OR INSPECTION

SECTION 1: APPLICANT INFORMATION

APPLICANT NAME		APPLICANT IS PROPERTY OWNER <input type="checkbox"/> YES <input type="checkbox"/> NO	
MAILING ADDRESS		CITY, PROVINCE	POSTAL CODE
PHONE NUMBER	CELL NUMBER	EMAIL	

SECTION 2: SERVICE REQUEST

PROPERTY ADDRESS	FOR OFFICE USE ONLY ROLL NUMBER
SERVICE REQUESTED <input type="checkbox"/> 4-inch Street Connection <input type="checkbox"/> _____ - Inch Street Connection (Please Specify), as determined by your construction plan. Invoiced on completion. <input type="checkbox"/> _____ - Inch Service Inspection, additional to connection fee. <input type="checkbox"/> Disconnection Inspection. <input type="checkbox"/> Reconnection Inspection.	
SERVICE REQUIRED BY (DATE):	
CONFIRM PROPERTY USE (check all that apply) <input type="checkbox"/> Single-family residential <input type="checkbox"/> Duplex Residential <input type="checkbox"/> Multi-Family Residential <input type="checkbox"/> Commercial / Industrial (Please specify type): _____ <input type="checkbox"/> Other (Please specify): _____	

SECTION 3: SIGNATURE

I hereby apply as indicated above for sewer service to the property as identified above, and agree to follow all regulations as stipulated by the Village of Lytton Bylaw No. 650, 2011, and further agree to provide the Inspector or Corporate Officer with additional information if required.

PRINT OR TYPE NAME	SIGNATURE	DATE
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FOR OFFICE USE ONLY

ARCHEOLOGY IMPACTS <input type="checkbox"/> YES <input type="checkbox"/> NO	MINISTRY OF TRANSPORTION IMPACTS <input type="checkbox"/> YES <input type="checkbox"/> NO	BC HYDRO IMPACTS <input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER IMPACTS		
SITE-SPECIFIC ASSESSMENT DATE	ANTICIPATED CONNECTION DATE	DATE SERVICE TURNED ON

ADDRESS: _____ LOT: _____ BLK: _____ RP: _____	S- _____ INV. _____ R _____ SIZE _____ TYPE _____ INSTALLED _____ CONNECTED _____
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Approval is hereby given for a _____ - Inch Street connection to be installed on (date) _____ and/or a _____-inch service connection as requested by this application.

APPROVAL GIVEN	APPLICANT NOTIFIED
COMMENTS	NOTIFIED BY
REVIEWED BY	SIGNATURE
DATE	DATE

Drawing of street connection location service locations:

FOR INSPECTOR USE ONLY

The service disconnection and/or connection and/or service installed on (date) _____ is satisfactory.

PRINT OR TYPE NAME	SIGNATURE	DATE
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